HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	<u> </u>
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2002
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN 🔲 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
14 15 5 G. C. (166)	a. FFY 2002 \$ b. FFY 2008 \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
· · · · · · · · · · · · · · · · · · ·	OR ATTACHMENT (If Applicable):
Attachment 4.19-7. Page 2b	Attachment 4.19-0, Page 25
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
the state of the s	16. RETURN TO:
11/11/2 11/1X 349	Rica Lewis-Payton, Executive Director
13. TYPED NAME:	Rica Lewis-Payton, Executive Director Miss. Livision of Medicald
13. TYPED NAME:	Rica Lewis-Payton, Executive Director miss. Livision of Medicald Attm: Rose Compere 209 North Lamar Street, Sulte 601
13. TYPED NAME:	Rica Lewis-Payton, Executive Director miss. Livision of Medicals Attn: Rose Compere
13. TYPED NAME: Ricasizatis-Payton 14. TITLE: Executive Firector 15. DATE SUBMITTED:	Rica Lewis-Payton, Executive Director miss. Livision of Medicald Attm: Rose Compere 209 North Lamar Street, Sulte 601
13. TYPED NAME: ricasicwis-Poyton 14. TITLE: Executive Firector 15. DATE SUBMITTED: April 25, 2002.	Rica Lewis-Payton, Executive Director miss. Livision of Medical Attn: Rose Compere 200 North Lamar Street, Scale 601 Cackson, MS 39201-1399
13. TYPED NAME: Ticasiavis-Paylon 14. TITLE: Executive Firector 15. DATE SUBMITTED: April 25, 2002. FOR RENOVALUE	Rica Lewis-Payton, Executive Director miss. Livision of Medicald Attm: Rose Compere 209 North Lamar Street, Sulte 601 Dackson, MS 39201-1399
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13. TYPED NAME: 14. TITLE: EXECUTIVE FIRECTOR 15. DATE SUBMITTED: April 20, 2002. FOR RESIGNAL COMMITTED: April 20, 2002. FOR RESIGNAL COMMITTED: PLAN APPROVED MATERIAL: PLAN APPROVED ATTERIAL: SOCIAL	Rica Lewis-Payton, Executive Director Miss. Livision of Medicald Attn: Rose Compere 209 North Lamar Street, Sulte 601 Jackson, MS 39201-1399
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13. TYPED NAME: 14. TITLE: EXECUTIVE FIRECTOR 15. DATE SUBMITTED: April 25, 2002. FOR REGIONAL OF APPROVED MATERIAL: James 1, 2002 TYPED NAME: SEGMENT 2, Granser SEGMENT 3, Granser	Rica Lewis-Payton, Executive Director Miss. Livision of Medicals Attn: Rose Compere 209 North Lamar Street, Sulte dol Dackson, MS 39201-1399
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TEAM ONDER TITLE AMA OF THE BOOME SECONITY MOT
State <u>Mississippi</u>
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE
Clinic Services:
Rural Health Clinic Services The payment methodology for RHC's conforms to section 702 of the BIPA 2000 legislation. Please see Attachment 4.19F for details
Transmittal 2002-02 Date Approved JUN 1 0 2002
Supersedes TN 2001-19 Date Effective JAN 01 2002